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E WSLHD-BCI-Referral@health.nsw.gov.au
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WESTMEAD BREAST CLINIC REFERRAL

DATE OF REFERRAL

PATIENT DETAILS

Name

Address

Mobile Phone

Date of Birth

Medicare Number

PLEASE NOTE: WESTMEAD BREAST CANCER INSTITUTE WILL ONLY ACCEPT REFERRALS FOR PATIENTS WITH CONFIRMED OR REASONABLE SUSPICION OF CANCER. THIS INCLUDES:

- At least one component of the 'triple test' **positive** (atypical/indeterminate, suspicious or malignant).
- Conditions that require breast surgical referral;
  - Spontaneous unilateral, bloody or serous nipple discharge from a single duct
  - Eczematoid changes of the nipple-areolar skin which persist >1-2 weeks or do not respond to topical treatment
  - Inflammatory breast conditions that are not resolving after 2 weeks of antibiotic treatment
  - Cyst aspiration: residual lump or bloodstained fluid (not traumatic) or cyst persistently refills after aspiration
  - Test results that are inconsistent with other results and require additional investigation.

CHECKLIST FOR REFERRAL

- ☐ Triple Test positive or other condition as listed above
- ☐ History and Clinical Breast Examination described below
- ☐ Imaging and Biopsy results attached

RELEVANT PATIENT HISTORY

- ☐ Strong family history of breast / ovarian cancer (Refer Familial Risk Assessment – Breast and Ovarian Cancer at canceraustralia.gov.au)
- ☐ Personal history of breast cancer (please attach details)

NOTE: Please check the relevant box for each row. If the checklist is not complete, a referral will not be triaged and the patient will not receive an appointment.

TRIPLE TEST RESULTS	Negative result	Positive result	Details
CLINICAL BREAST EXAMINATION	☐ No lump/ No discrete lesion ☐ Findings consistent with hormonal change ☐ Clinically benign mass or nipple change	☐ Clinically inconclusive ☐ Clinically suspicious or malignant breast or nipple change	
IMAGING: MAMMOGRAPHY+/- ULTRASOUND	☐ Normal breast tissue or no discrete lesion ☐ Benign	☐ Indeterminant / Equivocal ☐ Suspicious or Malignant	☐ RESULTS ATTACHED
BIOPSY: CORE BIOPSY or FNA CYTOLOGY	☐ Inadequate / Insufficient ☐ Benign ☐ Discordant with clinical findings	☐ Atypical / Equivocal ☐ Suspicious or Malignant	☐ RESULTS ATTACHED

REFERRING DOCTOR DETAILS

Name

Address

Provider Number

Phone Fax

Email

Signature

NOTE: Referral request based on "The investigation of a new breast symptom: a guide for General Practitioners 2021" (refer to canceraustralia.gov.au)

The triple test is the recommended approach for investigation of breast changes.

When complete please email the referral to:
WSLHD-BCI-Referral@health.nsw.gov.au
or Fax to: 02 8890 8334